

INDIANA ALCOHOL & TOBACCO COMMISSION

302 W. Washington Street, Rm. E114
Indianapolis, Indiana 46204
Tobacco Enforcement: (317) 234-4315
Web page: http://www.IN.gov/atc

Name of	Business	Entity			Busines	s telephone number		E-mail addres	S	
					()	-				
Address	of principa	al place of business		City	/		County		State	Zip
Mailing A	ddress (if	different than business)		City			County		State	Zip
Name of	Contact P	erson	Check one: ☐ Renewal ☐ Ori	License number (f renewal)		License Expiration (if renewal)		
				<u>.g., .a. app.</u>		l				
STEP 2. BACKGROUND										
□ Yes	□No	Do you, the applicant, owe at least five hundred dollars (\$500) in taxes imposed under Indiana Code 6-7-1-12?								
□ Yes	□No	Have you the applicant had your tobacco importer or manufacturer's license revoked within the last two (2) years?								
□ Yes	□No	Have you, the applicant, violated Indiana Code 24-3-4?								
□ Yes	□No	Have you, the applicant, committed any offense under Indiana Code 6-7-1-21 and been found guilty or plead guilty?								
□ Yes	□No	Are you, the applicant, in compliance with Indiana Code 24-3-3-12?								
□ Yes	□No	Do you understand that cigarettes have to be sold in a pack or carton and that selling single cigarettes is illegal?								
□ Yes	□No	Do you understand that this license is not transferable?								
□ Yes	□No	Do you understand that the term of this license is one (1) year?								
□ Yes	□No	Have you attached the complete list of cigarette distributors licensed in Indiana that you provide cigarettes to?								
				Indian	a Code l	Reference				
	Any Indiana codes referenced above can be found at http://www.in.gov/legislative/ic/code/ . It is recommended that the applicant review these codes to ensure compliance with Indiana law.									
			STEP 3	B. FEE A	ND PAY	MENT SCHEDUL	.E			
There is no fee for this One Year License. You may apply in person or by mail. You must provide a complete listing of all distributors in which you provide cigarettes that do business in Indiana. More information may be found online at http://www.IN.gov/atc.										
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STEP 4. SIGNATURE AND AFFIRMATION										
I certify that this application was completed by myself. I affirm under penalty of perjury that all information provided on this form is true and correct. I understand that it is a felony under Indiana law to misrepresent or falsify any portion of this application.										
Signature	of applic	ant					Date	e signed (mont	h, day, year)	

STEP 1. GENERAL INFORMATION